

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	20	8	10-31-00
<b>RESPONSE FORMALITY REVIEW</b>		JCP05	12/13/00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
1 ✓	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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